



SURVEY APPROVAL AUTHORITY: U.S. ARMY RESEARCH INSTITUTE
FOR THE BEHAVIORAL AND SOCIAL SCIENCES
SURVEY CONTROL NUMBER: DAPE-ARI-AO-04-08C
RCS: MILPC-3

SURVEY OF ARMY FAMILIES V



FALL 2004



WHY THIS SURVEY?

The **2004 Survey of Army Families V** collects information on family member attitudes about the Army way of life and the well being of Army families. Similar to the **1987 Survey of Army Families**, **1991 Survey of Army Families II**, **1995 Survey of Army Families III**, and **2001 Survey of Army Families IV**, it also will track trends in the characteristics of Army families, identify new and emerging family issues, and supplement other studies on Army families. In addition, recent Army multiple deployments may have changed the needs of Soldiers and their family members. These changes need to be identified.

WHY SHOULD I PARTICIPATE?

The Army leadership wants to know what it's like to "walk a mile in your shoes." **Army leaders use the results** of family surveys to make plans, assess policies, and evaluate program operations and outcomes. Army agencies and commands want information from the survey so they can respond better to family needs. In addition, Army spouses have identified family matters that need to be studied throughout the Army. We encourage you to use the "COMMENTS" sheet (page 15) to provide additional information and tell us about family matters/issues important to you.

WILL I BE IDENTIFIED?

Your responses to the survey will not be tracked back to you. Only persons involved in collecting or preparing the information for analysis of the data will have access to completed survey questionnaires. Only group statistics will be reported. Your written comments will be kept anonymous.

AM I ELIGIBLE TO COMPLETE THIS SURVEY?

Only non-military spouses of Active duty Soldiers are being asked to complete this survey. The Army family issues affecting members of dual military married couples and single parents require different, special surveys in order to address matters unique to these families.

If you are not eligible to complete the survey, please indicate why by marking the appropriate box below. Please return the survey in the enclosed Business Reply Mail envelope. No postage is required.

- ☐ Neither my spouse nor I are on Active duty with the U.S. Army.
- ☐ Both my spouse and I are on Active duty with the U.S. Army or the U.S. Armed Forces.
- ☐ I am not currently married to an Active duty Soldier.

WHO CAN I CONTACT FOR MORE INFORMATION?

The **2004 Survey of Army Families V** is sponsored by the U.S. Army Community and Family Support Center (CFSC). CFSC will be responsible for distribution of the results and findings of the survey. The Army Personnel Survey Office of the U.S. Army Research Institute for the Behavioral and Social Sciences is conducting the survey. For more information, contact:

U.S. Army Community and Family Support Center
ATTN: CFSC-SP
4700 King Street
Alexandria, VA 22302-4419
Telephone (703) 681-7438
DSN 761-7438
E-mail: MWRResearch@CFSC.army.mil

MARKING INSTRUCTIONS

GENERAL INSTRUCTIONS

- This is not a test, so take your time.
- Select answers you believe are most appropriate.
- Use a blue or black pen.
- Please PRINT where applicable.
- Place an "X" in the appropriate box or boxes.

RIGHT



WRONG



- To change an answer, completely black out the wrong answer and put an "X" in the correct box as shown below.

CORRECT ANSWER



INCORRECT ANSWER



- Do not make any marks outside of the response and write-in boxes.

Marking all that apply

Sometimes you will be asked to "MARK ALL THAT APPLY." When this instruction appears, you **may mark more than one answer.**

EXAMPLE:

Other than currently being married to a Soldier on Active duty, what types of experiences have you had with the military? MARK ALL THAT APPLY.

- ☐ Served on Active duty
- ☐ Served/serving with National Guard/Reserves
- ☐ Child of parent(s) in the military service
- ☐ Previously married to a military service member

Marking numbers

Sometimes you will be asked to give numbers for your answer. If you are asked to give numbers, please record the numbers in the boxes as shown below.

EXAMPLE:

As of today, how many months have you been living in your current geographic location (the vicinity of the Army post/installation/area where you are living)?

- ☐ Less than 1 month

0

6

NO. OF MONTHS

Selecting only one response

Sometimes you will be asked to mark one response from a list of possible items.

EXAMPLE:

Where are you currently living? MARK ONE.

- ☐ Alaska/Hawaii
- ☐ Continental U.S. (CONUS)
- ☐ Europe
- ☐ Korea
- ☐ Other location outside the continental U.S. (OCONUS) (Please list Question No. and "Other location" on the "Comments" sheet on page 15.)

Using a common scale for more than one question

Sometimes you will be asked to "MARK A RESPONSE FOR EACH" to answer a number of different questions.

EXAMPLE:

How satisfied or dissatisfied are you with the following? MARK A RESPONSE FOR EACH.

Very dissatisfied
Dissatisfied
Neither satisfied nor dissatisfied
Satisfied
Very satisfied
Do not know

Level of support deployed Soldiers receive from the American people ☐ ☒ ☐ ☐ ☐

Level of support deployed Soldiers receive from the American media ☐ ☐ ☒ ☐ ☐

Reception of returning deployed Soldiers by the American people ☐ ☐ ☐ ☒ ☐

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SECTION 1: YOUR HOUSING AND FAMILY RELOCATION

1. Where are you currently living? MARK ONE.

- ☐ Alaska/Hawaii
- ☐ Continental U.S. (CONUS)
- ☐ Europe
- ☐ Korea
- ☐ Other location outside the continental U.S. (OCONUS) (Please list Question No. and "Other location" on the "Comments" sheet on page 15.)

2. Where are you and your spouse living?

- ☐ Together, at the same location
- ☐ Together, but my spouse is currently deployed
- ☐ Apart, at separate locations

3. As of today, how many months have you been living in your current geographic location (the vicinity of the Army post/installation/area where you are living)?

- ☐ Less than 1 month

NO. OF MONTHS

4. How far do you live from the nearest military installation or the one you use most?

- ☐ I live on-post
- ☐ 10 miles or less
- ☐ 11-25 miles
- ☐ 26 or more miles
- ☐ Do not know

5. In which type of housing do you currently live?

- ☐ On-post government housing
- ☐ Off-post government housing
- ☐ Off-post (own)
- ☐ Off-post (rent)
- ☐ Other (Please list on page 15.)

6. How satisfied are you with your current housing?

- ☐ Very satisfied
- ☐ Satisfied
- ☐ Neutral
- ☐ Dissatisfied
- ☐ Very dissatisfied

7. How many Permanent Change of Station (PCS or official Army) moves have YOU made during the last 3 years? IF YOU HAVE NOT MADE A PCS MOVE IN THE LAST 3 YEARS, MARK "NONE."

- ☐ None

➔ GO TO SECTION 2, QUESTION 10 ON PAGE 4.

- ☐ 1 PCS move
- ☐ 2 PCS moves
- ☐ 3 PCS moves
- ☐ 4 or more PCS moves

8. If your spouse requested a sponsor for your most recent PCS move, which of the following did the sponsor do for your family? MARK ALL THAT APPLY.

- ☐ Does not apply; we did not request one.
- ☐ Does not apply; we had no sponsor.
- ☐ Does not apply; we were assigned a sponsor but he/she did nothing at all to help us.
- ☐ Greeted us upon arrival
- ☐ Helped orient us with the community
- ☐ Helped orient us with the installation
- ☐ Accompanied us to ACS
- ☐ Helped Soldier with military in-processing
- ☐ Other important type of help (Please specify on page 15.)

9. For your most recent PCS move, how satisfied were you with the following Army relocation services? MARK A RESPONSE FOR EACH.

IF A SERVICE HAS NOT BEEN USED, MARK THE FIRST COLUMN.

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Not used
Computer program giving location information (such as the installation home page, SITES).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Individual/group relocation counseling and information.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welcome packet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance from sponsor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lending closet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Official installation orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unit orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overseas orientation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 2: FAMILY SEPARATIONS

10. Is your spouse currently away from home because of... MARK ALL THAT APPLY.

- ☒ Does not apply; my spouse is not away
☒ extended TDY?
☒ schooling?
☒ training exercise?
☒ a deployment (e.g., Operation Iraqi Freedom (OIF) or Operation Enduring Freedom (OEF))?
☒ unaccompanied tour?
☒ other reason? (Please list on page 15.)

11. During the last 36 months, how many months has your spouse been away from home for other military reasons (including assignments, training, TDY, etc.)?

- ☒ Less than 1 month

NO. OF MONTHS AWAY

12. During the last 36 months, what was the longest single period of time (consecutive months) your spouse was away from home?

- ☒ Less than 1 month

CONSECUTIVE MONTHS

13. How much of a problem would you have coping if your spouse had to go away on an Army assignment, such as a deployment, for... MARK A RESPONSE FOR EACH.

	No problem coping	Slight problem coping	Moderate problem coping	Serious problem coping	Very serious problem coping
less than a month?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1 or 2 months?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3 to 6 months?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
7 months to a year?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
over a year?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
a mission overseas of undetermined length?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

If your spouse were to be deployed for a long period of time, you would have sole responsibility for some things you may not usually handle.

14. If your spouse were to be deployed for a long period of time, would you have the following? MARK A RESPONSE FOR EACH.

	Yes	No
A Power of Attorney for you to act on behalf of your spouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A Power of Attorney for someone else to act on behalf of your spouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
An up-to-date Will for your spouse	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
An up-to-date Will for you	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A financial plan to meet emergencies	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

15. There are many documents and procedures which are unique to the Army.

Do you know the following? MARK A RESPONSE FOR EACH.

	Yes	No
Your spouse's military pay entitlements?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
How to read your spouse's LES (Leave and Earnings Statement)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
How your spouse's pay entitlements are handled (sent to bank, allotments, etc.)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Your total family financial obligation (bills, loans, amounts, due dates)?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Insurance entitlements (military and civilian) in the event of your spouse's injury or death?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Location of insurance policies/other important documents?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
U.S. Army casualty notification procedures? ...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Who contacts your spouse when there is a unit alert/emergency to report to work?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Procedures for contacting your spouse in event of an emergency?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



SECTION 3: THE ARMY AND YOU

The ARMY FAMILY TEAM BUILDING (AFTB) program provides training and information to family members.

16. Have you participated in AFTB? MARK ALL THAT APPLY.

- ☐ Yes, I attended Level I Classes: Overview of AFTB, Chain of Command, Mission Impact, etc.
- ☐ Yes, I attended Level II Classes: Relationship Building, Effective Leadership, etc.
- ☐ Yes, I attended Level III Classes: Listening, Building Self-Esteem, etc.
- ☐ No

17. How effective has AFTB been in helping you and your family adjust to Army life?

- ☐ Does not apply; I have not participated in AFTB
- ☐ Very effective
- ☐ Effective
- ☐ Neither effective nor ineffective
- ☐ Ineffective
- ☐ Very ineffective

A Family Readiness Group is an organization of family members, volunteers and Soldiers belonging to a unit that provides mutual support and assistance, and timely, accurate and relevant Army information.

18. Below are some questions about Family Readiness Groups (FRGs). Please answer the questions for your FRG during the last 12 months. MARK A RESPONSE FOR EACH.

	No	Yes	Not applicable	Do not know
Is the FRG in your <u>spouse's unit</u> active?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you participated in FRG activities by attending meetings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have you participated in FRG activities by serving as an FRG leader?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is your FRG providing family readiness training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the FRG in your <u>spouse's unit</u> well run?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

19. During the last 12 months, why have you NOT participated in an FRG? MARK ALL THAT APPLY.

- ☐ Does not apply; I do participate.
- ☐ There is no FRG at this location.
- ☐ Never heard about an FRG at this location.
- ☐ Don't have time.
- ☐ Don't feel that I need to participate.
- ☐ Times/hours FRGs meet are not convenient.
- ☐ Locations of FRG meetings are not convenient.
- ☐ Lack of transportation.
- ☐ FRG members are not my peer group.
- ☐ Want to keep my personal life separate from the military.
- ☐ I feel uncomfortable being in group settings.
- ☐ I am not comfortable with the current FRG leaders/members.
- ☐ I am not comfortable with spouses whose sponsors are of higher/lower ranks than my spouse.
- ☐ My spouse did not encourage me to participate.
- ☐ Other reason (Please list on page 15.)

20. How would you rate how well your FRG has helped you and your family and other families in your unit?

- ☐ Does not apply; the unit does not have an FRG.

Other families in your unit
You and your family

Good	<input type="checkbox"/>	<input type="checkbox"/>
Fair	<input type="checkbox"/>	<input type="checkbox"/>
Poor	<input type="checkbox"/>	<input type="checkbox"/>
Do not know	<input type="checkbox"/>	<input type="checkbox"/>

21. To what extent do you agree with the following statements? MARK A RESPONSE FOR EACH.

	Strongly disagree	Disagree	Undecided	Agree	Strongly agree
My spouse has kept/keeps me well informed about the Army.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I keep myself well informed about the Army.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I feel comfortable dealing with Army agencies.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
I feel comfortable dealing with the Army medical system while my spouse is away.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
At this location, I know where to go or how to get emergency assistance, if needed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Army civilian employees who deal primarily with Army families treat them with the appropriate amount of respect.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Army civilian employees who deal primarily with Soldiers treat family members with the appropriate amount of respect.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

22. During the last 12 months, how well have you managed the following? MARK A RESPONSE FOR EACH.

	Very poorly	Poorly	About average	Well	Very well	Does not apply
Getting daily household tasks done .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Obtaining needed transportation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Obtaining needed communication (e.g., telephone, email, Internet) ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Working at your paid job	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Having to find a job	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Having to quit a job or schooling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Household repairs, yard work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Car maintenance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Pet care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Shopping (for necessities)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handling financial matters	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Your family having enough money to meet expenses, pay bills, etc. ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Arranging for child care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ensuring child(ren) do schoolwork ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child(ren)'s participation in after-school activities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Participating in activities at your child(ren)'s school (school events, PTA, Parent-Teacher conferences).	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of child(ren) at home ...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Disciplining/handling child(ren)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of child(ren)'s health....	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of your own health	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Handling your own loneliness	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Doing your regular volunteer work ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Doing additional volunteer work	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Maintaining safety/security of your home	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Taking care of extended family members	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



SECTION 4: YOUR BACKGROUND

23. Are you female or male?

- ☐ Female
☐ Male

24. Are you of Hispanic, Latino, or Spanish origin or ancestry (of any race)? MARK ALL THAT APPLY.

- ☐ No, not of Hispanic, Latino, or Spanish ancestry
☐ Yes, Mexican, Mexican American, Chicano
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Hispanic/Spanish

25. What is your race? MARK ALL THAT APPLY.

- ☐ American Indian or Alaska Native
(e.g., Eskimo, Aleut)
☐ Asian (e.g., Asian Indian, Chinese, Filipino,
Japanese, Korean, Vietnamese)
☐ Black or African American
☐ Native Hawaiian or other Pacific Islander
(e.g., Samoan, Guamanian, Chamorro)
☐ White

26. What is the highest level of education you have completed? MARK ONE.

- ☐ Less than high school, but no diploma,
certificate, or GED
☐ High school completed with diploma
☐ High school completed with GED
☐ Vocational/technical school graduate
☐ 1-2 years of college, but no degree
☐ Associate degree
☐ 3-4 years of college, but no degree
☐ Bachelor's degree
☐ A year or more of graduate credit, but no
graduate degree
☐ Master's degree
☐ Doctorate degree
☐ Professional degree, such as MD, DDS, JD

27. How old were you on your last birthday?

AGE ON LAST BIRTHDAY

28. What is your current marital status?

- ☐ Married for the first time
☐ Remarried, was divorced
☐ Remarried, was widowed
☐ Legally separated
☐ Filing for divorce

29. How long have you been married to your current spouse?

- ☐ Less than one year

YEARS MARRIED

30. How satisfied are you with your marriage at the present time?

Very satisfied

Very dissatisfied

☐☐☐☐☐☐☐☐☐☐☐

31. How satisfied are you with the way things are going for you personally?

- ☐ Very satisfied
☐ More or less satisfied
☐ Not at all satisfied
☐ Do not know

32. Other than currently being married to a Soldier on Active duty, what types of experiences have you had with the military? MARK ALL THAT APPLY.

- ☐ Served on Active duty
☐ Served/serving with National Guard/Reserves
☐ Child of parent(s) in the military service
☐ Previously married to a military service member
☐ Worked/working as a civilian for the
U.S. Armed Forces
☐ None of the above

SECTION 5: YOUR CHILDREN

Dependent children are UNMARRIED children, including adopted children or stepchildren, who are legally dependent on you for over half of their support.

33. How many dependent children do you and your spouse have LIVING WITH YOU for each of the age groups listed below? MARK A RESPONSE FOR EACH.

- ☐ Does not apply; we do not have any dependent children living with us.

➔ **GO TO SECTION 6, QUESTION 35, ON PAGE 8.**

	Four or more	Three	Two	One	None
0-2 years old.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-5 years old.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6-10 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11-12 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13-15 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16-18 years old	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19 or older.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

34. Have you noticed any of the following in your oldest dependent child as a reaction to Soldiers being deployed? MARK A RESPONSE FOR EACH.

	Very serious problem	Serious problem	Moderate problem	Slight problem	No problem	Do not know
Fear of possibility that your spouse might be deployed	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fears about what could happen to his/her parent if deployed.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Distress over media coverage of the war	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Distress over rumors about the war..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

SECTION 6: YOUR PAID AND VOLUNTEER WORK

35. What is your current employment status? MARK ONE.
- ☒ Employed full-time
☒ Employed part-time
☒ Not employed, currently looking for employment
☒ Not employed, not currently looking for employment but would like a paying job
☒ Not employed, not looking for employment and do not want a paying job now
36. Which of the following best describes why you are working for pay? MARK ALL THAT APPLY.
- ☒ Does not apply; I am not working
☒ Does not apply; I am a full-time homemaker
☒ Need the money for basic family expenses
☒ Always planned to work/have a career
☒ Wanted extra money to use now
☒ Saving income for the future
☒ Independence/self-esteem
☒ Just enjoy working
☒ To gain experience for a future career
☒ Other (Please list on page 15.)

37. To what extent are you satisfied or dissatisfied with each of the following? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Your educational opportunities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Your employment opportunities	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Your long-term career opportunities .	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

38. During the last 3 months, how many hours of volunteer work did you do for **MILITARY-affiliated and/or CIVILIAN organizations**?

HOURS DURING THE LAST 3 MONTHS:

IF NONE, MARK ZEROES ("000").

Military-affiliated Organizations

Civilian Organizations

SECTION 7: YOUR ARMY SPOUSE'S BACKGROUND

39. What is your spouse's present rank? MARK ONE.

Enlisted	Warrant Officer	Commissioned Officer
<input checked="" type="checkbox"/> PV1 (E1)	<input checked="" type="checkbox"/> WO1 (W1)	<input checked="" type="checkbox"/> 2LT (O1)
<input checked="" type="checkbox"/> PV2 (E2)	<input checked="" type="checkbox"/> CW2 (W2)	<input checked="" type="checkbox"/> 1LT (O2)
<input checked="" type="checkbox"/> PFC (E3)	<input checked="" type="checkbox"/> CW3 (W3)	<input checked="" type="checkbox"/> CPT (O3)
<input checked="" type="checkbox"/> CPL/SPC (E4)	<input checked="" type="checkbox"/> CW4 (W4)	<input checked="" type="checkbox"/> MAJ (O4)
<input checked="" type="checkbox"/> SGT (E5)	<input checked="" type="checkbox"/> CW5 (W5)	<input checked="" type="checkbox"/> LTC (O5)
<input checked="" type="checkbox"/> SSG (E6)		<input checked="" type="checkbox"/> COL (O6)+
<input checked="" type="checkbox"/> SFC (E7)		
<input checked="" type="checkbox"/> MSG/1SG (E8)		
<input checked="" type="checkbox"/> SGM/CSM (E9)		

40. To what extent are you and your spouse satisfied or dissatisfied with each of the following aspects of Army life? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
My spouse's Army job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for my spouse to serve his/her country	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunity for my spouse to develop job skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The security and stability of my spouse's job	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My spouse's pay and allowances ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
My spouse's retirement pay and benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Deployments/amount of time your spouse is away from home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

41. At the present time, what are your spouse's Army career plans? MARK ONE.

- ☐ To stay in the Army until retirement
☐ To stay in the Army beyond his/her present obligation, but not necessarily to retirement
☐ To leave the Army upon completion of his/her present obligation
☐ To leave the Army before completion of his/her present obligation

42. At the present time, what would you like your spouse's Army career plans to be? MARK ONE.

- ☐ To stay in the Army until retirement
☐ To stay in the Army beyond his/her present obligation, but not necessarily to retirement
☐ To leave the Army upon completion of his/her present obligation
☐ To leave the Army before completion of his/her present obligation

43. How often has the following occurred at your spouse's duty assignment during the last 12 months?

- ☐ Does not apply; my spouse has not been home during the last 12 months.

	Very seldom or never	Seldom	Sometimes	Often	Very often or always
Your spouse decided to stay at work beyond normal duty hours. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your spouse was kept at work beyond normal duty hours.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
At the start of the day you did not know when your spouse would leave work at the end of the day. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
You had to cancel important personal/family plans because of your spouse's work schedule. ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Your spouse was required to work on the weekend.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 8: HEALTH CARE

44. In the last 2 years, to what extent are you and your spouse satisfied or dissatisfied with each of the following aspects of Army health care? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Does not apply; we have not used this					
Medical care benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Army medical care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of Army medical care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dental care benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of Army dental care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of Army dental care and services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 9: ARMY SERVICES

45. To what extent are you and your spouse satisfied or dissatisfied with each of the following aspects of Army life? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neither satisfied nor dissatisfied	Satisfied	Very satisfied
Does not apply; we have not used this					
Commissary.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Post Exchange (PX)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
American Red Cross emergency messages	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Army Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Assistance Center (FAC)..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Availability of child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Affordable child care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Programs for children/youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Army support services available for family members.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaplain's Family Life Center	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chaplain's counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Worship services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Overall quality of recreation programs and services at your post.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Army Community Service (ACS)..	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SECTION 10: MWR RECREATION PROGRAMS

The questions below refer to core recreation programs, such as libraries, craft shops, auto shops, outdoor recreation programs, entertainment programs (dinner theaters, musical and play productions), recreation centers, BOSS program, sports programs, gyms, playing fields, and competitions.

46. How often do you (and your children) use/participate in your post/installation recreation programs and services? MARK ONE.

- ☐ Does not apply; I am not at or near a post
- ☐ Never
- ☐ Less than once per month
- ☐ 1-2 times per month
- ☐ 3-4 times per month
- ☐ 5 or more times per month

47. Generally speaking, why do you (and your children) use/participate in your post recreation programs/services? MARK ALL THAT APPLY.

- ☐ Does not apply; I/we do not use post/installation recreation programs/services
- ☐ Education/homework
- ☐ Physical fitness
- ☐ Develop a leisure skill
- ☐ Participate with family
- ☐ Participate with friends
- ☐ Costs less than off-post services
- ☐ *Esprit de corps* with spouse's work unit
- ☐ Avoid boredom
- ☐ Have fun
- ☐ Get away from home
- ☐ Be outdoors
- ☐ Better than off-post
- ☐ More convenient than off-post
- ☐ Relax/relieve stress
- ☐ Other reason (Please list on page 15.)

SECTION 11: OTHER MWR PROGRAMS AND INSTALLATION SERVICES

48. Below is a list of some of the Army Community Service (ACS) programs and services for families. For each, please use the **FIRST** column to indicate whether you have used the program or service **DURING THE LAST 2 YEARS**. Use the **SECOND** column to indicate which **THREE** programs and services you consider to be the **MOST IMPORTANT** (regardless of whether you have used them during the past 2 years).

	USED During Last 2 Years	MOST IMPORTANT MARK ONLY THREE (3)
Consumer Affairs Program/ financial counseling	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Emergency Assistance (food/clothing/housing)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
English instruction for non-natives (ESL)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Exceptional Family Member Program (EFMP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family Advocacy Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Readiness Program	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Family support related to mobilization or deployment	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Foster child care	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Income tax preparation	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Information and Referral (I&R) ...	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Lending Closet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Relocation Assistance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
SITES (DoD Standard Installation Topic Exchange Service)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Welcome Packet	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

49. Below is a list of some morale, welfare and recreation (MWR) programs, activities and services available at most Army installations. **FIRST**, indicate whether you have used the program within the last 2 years. **THEN**, (regardless of your use or their availability at your current installation), select the **7 categories** you feel are **MOST** important in enhancing the quality of Army life.

	USED During Last 2 Years	MOST IMPORTANT MARK ONLY SEVEN (7)
PROGRAM CATEGORIES		
Information, Ticket and Registration ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Travel Agency Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Library and Information Services (books, magazines, newspapers, reference services, CDs, videos, audio books, Internet access)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Bowling (including pro shop & snack bar)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Recreation Equipment Rental	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Marine Services (e.g., boating, sailing, private berthing)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outdoor Recreation Areas (e.g., camping, equipment rental, picnic, and beach)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Golf (including pro shop & snack bar)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Arts and Crafts Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Automotive Shop	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Music and Theater Programs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child and Youth Services – CYS CYS Liaison, Education and Outreach Services – LEOS (e.g., School Liaison, Central Registration, Resource & Referral, Youth Sponsorship, Instructional Programs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Child Development Services – CDS (e.g., Child Development Centers, Family Home Care)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
School-age Services – SAS (e.g., before/after school, camps)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Youth Services – YS (e.g., youth sports, middle school/teen centers) ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Community Recreation Centers	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Food Catering/Banquet Services (provided by Army club(s))	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Full Club Dining and Beverage Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Club Entertainment Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Club Beverage Lounge	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Gymnasium/Playing Courts/Fields (e.g., basketball, volleyball, racquetball, softball, soccer, football) ..	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Swimming Pools	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Fitness Facilities (e.g., strength training machines, aerobic machines, basketball/racquetball courts)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

50. At your current location, how do you usually find out about the Army programs and services available for Army families? MARK ALL THAT APPLY.

- ☐ Friends and neighbors
- ☐ Bulletin boards on post
- ☐ Post newspaper
- ☐ MWR publications
- ☐ DoD radio/TV (i.e., AFN or installation cable)
- ☐ My children/children's school
- ☐ Marquees/billboards (including electronic)
- ☐ Fliers
- ☐ Email
- ☐ Internet web sites
- ☐ Army One Source (AOS)
- ☐ Welcome packets
- ☐ Family Readiness Groups (FRGs)
- ☐ Command and Staff spouse meetings
- ☐ Installation orientation
- ☐ Village Mayors
- ☐ Other (Please list on page 15.)

SECTION 12: THE ARMY WAY OF LIFE

51. How satisfied are you with the following? MARK A RESPONSE FOR EACH.

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied
The respect the Army shows Soldiers...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The respect the Army shows spouses...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The concern your spouse's unit has for families	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How you would feel if your spouse were to make/has made the Army a career.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
The kind of life you can have in the Army	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

52. How satisfied or dissatisfied are you with the following?

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Do not know
Level of support deployed Soldiers receive from the American people ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of support deployed Soldiers receive from the American media	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reception of returning deployed Soldiers by the American people.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Level of support deployed Soldiers' families receive from the American people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

53. How much of a problem is each of the following to you? MARK A RESPONSE FOR EACH.

	Not a problem	Slight problem	Moderate problem	Serious problem	Very serious problem
Coping with day-to-day stresses and problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Demands the Army makes of family members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
"Getting along" when my spouse is away because of training, field duty, PCS, TDY, deployments, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Opportunities for me to achieve my personal goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibility that my spouse may be involved in combat	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibility that my spouse may be deployed on/to a peacekeeping (non-combat) mission	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Separations from my own family (my parents, brothers, sisters, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Possibility that my spouse may re-deploy after returning from deployment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. To what extent have you had/experienced in your family any of the following problems in the last 6 months?

	Not at all	Slight extent	Moderate extent	Great extent	Very great extent	Does not apply
Emotional or nervous problem ...	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/alcohol-related problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marital problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Caring for elders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gambling-related problem	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting difficulty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

55. How satisfied are you with the support and concern the following Army leaders show for your family?

	Very dissatisfied	Dissatisfied	Neutral	Satisfied	Very satisfied	Does not apply
Leaders in high post/installation positions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Officers in my spouse's unit/place of duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NCOs in my spouse's unit/place of duty	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
People can depend on each other in this installation community.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Families find it easy to make connections with other families at this installation.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
If I had an emergency, even people I do not know in this installation community would be willing to help.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Families assume responsibility for making this installation a better place to live and work.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Service members assume responsibility for making this installation a better place to live and work.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The Army community is a good place for bringing up children under 11 years of age.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The Army community is a good place for bringing up children between 11 and 19 years of age.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
a neighbor for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a friend for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a family member for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
services on the installation for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
services off the installation for help.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
religious leader(s) (e.g., priest, minister, rabbi) or friends from church or synagogue.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

[illegible]

☐ Very satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

☐ Very satisfied

☐ Satisfied

☐ Neutral

☐ Dissatisfied

☐ Very dissatisfied

We are interested in any comments you may have about Army families, even if the topic was not covered in this questionnaire. Do you have any comments?

☐ Yes **USE THE SPACE ON PAGE 15.**
☐ No



If applicable, please indicate the question number to which your comment is related.

[illegible]

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◆

**PLEASE MAIL THE QUESTIONNAIRE IN THE BUSINESS REPLY ENVELOPE PROVIDED.
NO POSTAGE IS NEEDED.
IF THE ENVELOPE HAS BEEN MISPLACED, PLEASE MAIL THE MATERIALS TO:**

**DEPARTMENT OF THE ARMY
SURVEY OF ARMY FAMILIES V
PROCESSING CENTER
C/O DATA RECOGNITION CORPORATION (G4017)
PO BOX 5720
HOPKINS, MN 55343-9952**